Schomberg Agricultural Society
Beef Cattle Show Entry Form

Exhibitor's name: _____

Address: _____

_____

Phone: _____

Insurance Company & Policy number: _____

Expiry: _____

Email all entries to: Martha Gardhouse, 6870 19th Sideroad, Schomberg, ON L0G 1T0
manager@schombergfair.com

****All required information MUST be completed to the satisfaction of the Schomberg Agricultural Society or entry will not be accepted** REGISTRATION CERTIFICATES FOR EACH ANIMAL MUST BE PRESENTS AT TIME OF CHECK IN**

Class	Section	Name of animal	Registration No.	D.O.B (M/D/Y)	Placing

It is understood that the exhibitors shall release the Schomberg Agricultural Society, its officers and directors from all claims from damages arising from loss or destruction of, or injury or damage to, any attendant or other person in charge of said exhibitors or properties of such, whether occasioned by negligence or otherwise, and the exhibitors agree to indemnify the Schomberg Agricultural Society against all claims or demands of any kind or nature by reason of any loss injury or damage occasioned by any animal or other exhibit, arising from the negligence or misconduct of any person in charge of such exhibit or by reason of injury or damage to any such attendant or person in charge or the property of such. By signing this document, you agree to the terms and conditions set out in the privacy policy of the Schomberg Agricultural Society. This policy is printed in the fair book under general rules and is located on or website at www.schombergfair.com

Exhibitors signature_____

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